

PLANNED DEVELOPMENT PERMIT/AMENDMENT APPLICATION

TO BE COMPLETED BY PLANNING DIVISION STAFF

FILE NUMBER PD 13-039	COUNCIL DISTRICT	QUAD #	RECEIPT #: _____
ZONING FILE NUMBER PDC	ORDINANCE NUMBER		AMOUNT: _____
PROJECT LOCATION			DATE: _____
			BY: _____

TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT OR TYPE)

Pursuant to the Provisions of Part 8 of Chapter 20.100 of the San Jose Municipal Code, application is made to request a:

CHECK ONE BOX

☒ PLANNED DEVELOPMENT PERMIT

☐ AMENDMENT TO A PLANNED DEVELOPMENT PERMIT

PREVIOUS PD PERMIT FILE NUMBER **PD** _____

FOR THE PROPERTY LOCATED AT: (Use the property description from the PD Zoning, not a Property Address)

DOES THE PROJECT INVOLVE HUD FEDERAL FUNDING? ☒ NO ☐ YES

PLEASE INDICATE WHETHER USE OF HUD FUNDING IS ANTICIPATED, FOR THE PROPOSED PROJECT.

☒ NO ☐ YES

If yes, indicate type of funding (i.e. CDBG Grant, HOME Investment Partnership Program, Section 108 Loan Guarantee, etc.), funding amount, whether awarded (if known) or application is pending, and fiscal year of award or application request.

N/A

PLEASE NOTE: Projects involving 1) acquisition of real property involving a change of use, or 2) new construction may require an Environmental Assessment (EA). Concurrent environmental review per the California Environmental Quality Act (CEQA) is also required. The obtainment of a qualified environmental consultant to provide documentation services (i.e. a combined Initial Study/EA) is strongly recommended.

STORMWATER RUNOFF DATA:

- Site size: 2,482,049 sq. ft. (acres multiplied by 43,560 sq. ft.)
- Existing impervious surface area (includes land covered by buildings, sheds, patios/covers, parking lots, streets, sidewalks, paved walkways and driveways): 0 sq. ft.
- New Impervious surface area created, added, or replaced: 1,955,225 sq. ft.
- Total proposed impervious surface area (new + existing): 526,950 sq. ft.
- Percent increase/decrease/replacement of impervious surface area (c./d. multiplied by 100): 160 %
- Will or have hazardous materials been used or stored on site? Yes or No
- If required, has a Hazardous Materials Management Plan been approved for the site? Yes or No. N/A

PLEASE VISIT THE PLANNING DIVISION'S WEBSITE: sanjoseca.gov/planning TO ARRANGE AN APPOINTMENT FOR SUBMITTING AN APPLICATION. FOR ASSISTANCE, CALL (408) 535-5680.

ASSESSOR'S PARCEL NUMBER(S) (APN) 015-44-011, 014, 015, 016 and 017		GROSS ACREAGE 56.98 ACRES	NET ACREAGE 56.98 ACRES
EXISTING USE OF PROPERTY N/A		ESTIMATED DATE OF OCCUPANCY (month/year) OCTOBER, 2014	
PROPOSED USE OF PROPERTY OR SUBJECT OF AMENDMENT INDUSTRIAL AND OFFICE BUSINESS PARK			
IF PROPOSAL IS RESIDENTIAL - NUMBER OF UNITS N/A		IF PROPOSAL IS NON-RESIDENTIAL - NEW GROSS BUILDING SQUARE FOOTAGE 994,920 SQUARE FEET	
<p>THE FOLLOWING EXHIBITS ARE ATTACHED HERETO AND MADE A PART THEREOF BY REFERENCE.</p> <p><input checked="" type="checkbox"/> A LEGAL DESCRIPTION OF SUBJECT PROPERTY - EXHIBIT A</p> <p><input checked="" type="checkbox"/> THE COMPLETED DEVELOPMENT PLAN SET FOR THE SUBJECT PROPERTY, ENTITLED A PLANNING PACKAGE FOR TROMMELL CROW MIDPOINT AT 237</p> <p>DATED 09/16/13 AND LAST REVISED 1 1 (N/A, NO REVISIONS)</p> <p>CONSISTING OF 65 SHEETS</p>			

AFFIDAVIT OF OWNERSHIP

THE UNDERSIGNED HEREBY DECLARE THAT THE FOLLOWING IS TRUE AND CORRECT:

1. The undersigned are all the owners of all the property described in Exhibit A - Legal Description of Subject Property, or tenants of the entire subject site with a recorded lease and a term remaining of at least five years.
2. The development plans a part of this application show the exact location, size, and use of all easements on the subject site and all easement on surrounding properties benefiting the subject property.
3. If there are any existing active or deactivated water wells on your property, they must be shown on your plans. The property which is the subject of this application:

_____ does contain existing active or deactivated water wells and they are shown on the plans accompanying this application

☒ does not contain existing active or deactivated water wells.

4. In conformance with Section 65962.5 of the California Government Code, and as owner(s) of the property referenced below, I(we) hereby certify that I(we) have reviewed the list of Hazardous Waste and Substance Sites within the City of San Jose, as compiled by the State Office of Planning and Research. The property which is the subject of the above-referenced application is _____ is not ☒ included on said list.

If included on the List, the listed item reads as follows:

THE UNDERSIGNED HEREBY DECLARE THAT THEY UNDERSTAND THE FOLLOWING APPLIES TO THEIR PROJECT:

5. **Notice to Applicants regarding effect of Wastewater treatment capacity on land development approvals.** Part 2.75 of Chapter 15.12 of the San Jose Municipal Codes requires that an applicant acknowledge the effect of Wastewater treatment capacity on Land development approvals at the time of application. As owner (s) of the property subject to this development application, I(we) hereby acknowledge the requirements of the Municipal Code, as stated below, and understand that these requirements will apply to the development permit for which I(we) am(are) applying.

Pursuant to Part 2.75 of Chapter 15.12 of the San Jose Municipal Code, no vested right to a building permit shall accrue as the result of the granting of any land development approvals and applications when and if the City Manager makes a determination that the cumulative sewage treatment demand on the San Jose-Santa Clara Water Pollution Control Plant represented by approved land uses in the area served by said Plant will cause the total sewage treatment demand to meet or exceed the capacity of the San Jose-Santa Clara Water Pollution Control to treat such sewage adequately and within the discharge standards imposed on the City by the State of California Regional Water Quality Control Board for the San Francisco Bay Region. Substantive conditions designed to decrease sanitary sewage associated with any land use approval may be imposed by the approving authority.

PRINT NAME OF PROPERTY OWNER TRAMMELL CROW COMPANY		DAYTIME TELEPHONE # (510) 874-1929	FAX TELEPHONE # ()
ADDRESS 555-12TH STREET, SUITE 900, OAKLAND, CA		CITY OAKLAND	STATE CA
ZIP CODE 94607		NAME OF FIRM, IF APPLICABLE TRAMMELL CROW COMPANY	
TITLE OR OTHER OFFICIAL CAPACITY* SENIOR VICE PRESIDENT		SIGNATURE (PRINT NAME IF DIFFERENT THAN THE ABOVE PROPERTY OWNER) <i>Thomas Jodry</i>	
DATE 9/13/2018		* PLEASE STATE IF YOU ARE A PARTNER, PRESIDENT, VICE-PRESIDENT, ETC...	
IF THERE ARE ADDITIONAL PROPERTY OWNERS, PLEASE USE THE FOLLOWING PAGE TO PROVIDE THE ABOVE INFORMATION.			

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AFFIDAVIT OF OWNERSHIP

(ONLY FOR ADDITIONAL PROPERTY OWNERS)

THE UNDERSIGNED HEREBY DECLARE THAT ITEMS 1 THROUGH 4 ON PAGE 3 OF THIS APPLICATION ARE TRUE AND CORRECT, AND DECLARE THAT THEY UNDERSTAND THAT ITEM 5 ON PAGE 3 OF THIS APPLICATION APPLIES TO THEIR PROJECT:

PRINT NAME OF PROPERTY OWNER TRIMMELL CROW COMPANY		DAYTIME TELEPHONE # 510.874.1929	FAX TELEPHONE # ()
ADDRESS 555-12TH STREET, SUITE 900,		CITY OAKLAND,	STATE CA ZIP CODE 94607
NAME OF FIRM, IF APPLICABLE TRIMMELL CROW COMPANY		TITLE OR OTHER OFFICIAL CAPACITY* SENIOR VICE PRESIDENT	
SIGNATURE <i>Thomas Jodry</i>		DATE <i>9/13/2013</i>	
PRINT NAME OF PROPERTY OWNER		DAYTIME TELEPHONE #	FAX TELEPHONE #
ADDRESS		CITY	STATE ZIP CODE
NAME OF FIRM, IF APPLICABLE		TITLE OR OTHER OFFICIAL CAPACITY*	
SIGNATURE		DATE	
PRINT NAME OF PROPERTY OWNER		DAYTIME TELEPHONE #	FAX TELEPHONE #
ADDRESS		CITY	STATE ZIP CODE
NAME OF FIRM, IF APPLICABLE		TITLE OR OTHER OFFICIAL CAPACITY*	
SIGNATURE		DATE	
PRINT NAME OF PROPERTY OWNER		DAYTIME TELEPHONE #	FAX TELEPHONE #
ADDRESS		CITY	STATE ZIP CODE
NAME OF FIRM, IF APPLICABLE		TITLE OR OTHER OFFICIAL CAPACITY*	
SIGNATURE		DATE	
PRINT NAME OF PROPERTY OWNER		DAYTIME TELEPHONE #	FAX TELEPHONE #
ADDRESS		CITY	STATE ZIP CODE
NAME OF FIRM, IF APPLICABLE		TITLE OR OTHER OFFICIAL CAPACITY*	
SIGNATURE		DATE	

* PLEASE STATE IF YOU ARE A PARTNER, PRESIDENT, VICE-PRESIDENT, ETC...

IF THERE ARE ADDITIONAL PROPERTY OWNERS, PLEASE ATTACH SEPARATE COPIES OF THIS PAGE TO PROVIDE THE ABOVE INFORMATION.

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CONTACT PERSON			
That for the purpose of processing and coordination of this application, the following person is my (our) designated representative/contact person:			
PRINT NAME OF CONTACT PERSON DAN KIRBY		NAME OF FIRM, IF APPLICABLE ARC TEC INC.	
ADDRESS 99 ALMADEN BLVD., STE. 840,	CITY SAN JOSE,	STATE CA	ZIP CODE 95113
DAYTIME TELEPHONE # 408 496-0676	FAX TELEPHONE # 408 496-1121	E-MAIL ADDRESS dkirby@arctecinc.com	
PROJECT DEVELOPER			
PRINT NAME OF PROJECT DEVELOPER (IF DIFFERENT THAN OWNER) - SAME AS OWNER -		NAME OF FIRM, IF APPLICABLE	
ADDRESS	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE # ()	FAX TELEPHONE # ()	E-MAIL ADDRESS	
ARCHITECT and ENGINEER			
PRINT NAME OF ARCHITECT DANIEL KIRBY, AIA		NAME OF FIRM, IF APPLICABLE ARC TEC INC.	
ADDRESS 99 ALMADEN BLVD., STE. 840,	CITY SAN JOSE,	STATE CA	ZIP CODE 95113
DAYTIME TELEPHONE # 408 496-0676	FAX TELEPHONE # 408 496-1121	E-MAIL ADDRESS dkirby@arctecinc.com	
PRINT NAME OF ENGINEER CHUCK MCCALLUM		NAME OF FIRM, IF APPLICABLE KIER & WRIGHT	
ADDRESS 2850 COLLIER CANYON RD.,	CITY LIVERMORE,	STATE CA	ZIP CODE 94551-9201
DAYTIME TELEPHONE # 925 245-8788	FAX TELEPHONE # 925 245-8796	E-MAIL ADDRESS cmccallum@kierwright.com	